## U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service

(For Optional State Use)

## QUALITY CONTROL REVIEW SCHEDULE

PRIVACY ACT/PAPERWORK REDUCTION ACT. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0299. The time required to complete this collection is estimated to average 1.05 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This report is required under provisions of 7 CFR 275.14. This information is needed for the review of State performance in determining recipient eligibility. The information is used to determine State compliance, and failure to report may result in a finding of non-compliance.

		I. REVIEW SUMMARY		
1. Review Number	1a. Case Number	2. State and Local Agency Code	3. Sample Month and Year	4. Stratum
5. Disposition	6. Review Findings	7. Amount of Error	8. Coupon Allotment	
		II. HOUSEHOLD CHARACTERISTICS		
9. Most Recent Opening	9a. Prior 10. Most. Recent Action Assistance	11.Type of 12.No. of Case 13. Liquid Assets Action Members	14. Real Properly (Excl., Home) 15.Countable Vehicle Assets	16.Other Non-liquid Asse
17. Case 18. Months in Classification Cert. Period	18a. Sample Mo. 19. Exped. 20. Auth. 21. Groin Cert. Service Rep.	oss Countable Income 22. Earned Income 23. Medi Deduction	ical Cost 24. Shelter Cost 25. Total Dependent Cost Deduc	
27. Form 28. Home	eless 29a. Vehicle 30a. Value of Vehi	cle 31a. Equity of Vehicle 29b. Vehicle	30b. Value of Vehicle 31b. Equit	y of Vehicle
32. Standard Utility 33. Child Payment	d Support 34. Rent/Mortgage 35. Shelt Deduction Amount	er Deduction 36. Actual Utility 37. SUA An Costs	nount 38. Allotment 39. Amour Adjustment	nt

Form Approved OMB No. 0584-0299 REVIEW NUMBER (For Optional State Use) III. DETAILED PERSON - LEVEL INFORMATION 53. Dependent Care Cost 40. Person 41. Food Stamp 42. Relationship 43. Age 44. Sex 45. Race 46. Citizenship 47. Education 48. Employment 49. Work 50. Work-51. Employ. 52. ABAWD Number Case Affil. to Head of Status Level & Training Registration fare Status Status Household Status Status IV. TOTAL HOUSEHOLD INCOME, BY HOUSEHOLD MEMBER AND TYPE AND AMOUNT OF INCOME 54. Person Number 55. Type of Income 56. Amount of Income 57. Type of Income 58. Amount of Income 59. Type of Income 60. Amount of Income 61. Type of Income 62. Amount of Income

Form Approved OMB No. 0584-0299 REVIEW NUMBER (For Optional State Use) V. DETAILED ERROR FINDINGS 63. Error Finding 66. Agency or Client 64. Element 65. Nature Code 67. Dollar Amount 68. Discovery 69. Verification 70. Occurrence Time Period Date 71a. Reserved 71b. Reserved 72a. Reserved 72b. Reserved 73a. Reserved 73b. Reserved V. OPTIONAL - FOR STATE SYSTEMS ONLY

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Electronic Form Version Designed in JetForm 5.1 versi	on

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